

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015420

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2371

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2371

STATE FILE NUMBER

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

74 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

V A HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Jackson

c. CITY

OR TOWN

RAYTOWN

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

9005 EAST 73RD

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

JOHN

Middle

REED

Last

4. DATE OF DEATH

April 27, 1962

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

2-9-14

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Active duty, Air Force

10b. KIND OF BUSINESS OR INDUSTRY

Air Force

11. BIRTHPLACE (City and state or country)

Excelsior Springs, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dr. Carl Reed

13b. MOTHER'S MAIDEN NAME

Ottie Enlow

14. NAME OF HUSBAND OR WIFE

Ila Mozelle Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

Yes WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

VA Hospital Official Records, K.C. Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mucopurulent tracheobronchitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Encephalomalacia due to ruptured cerebral aneurysm

DUE TO (c) Nephrosis, toxic, due to penetrating active duodenal ulcer

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 12, 1962 to April 27, 1962

Death occurred at 5:05

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE STEPHEN PARKS (Type name)

STEPHEN PARKS

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

4-27-62

23a. BURIAL, CREATION, REMOVAL (Specify)

Removal

23b. DATE

April 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Carrollton Cemetery

23d. LOCATION (City, town, or county)

Carrollton, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Missouri

25. DATE RECD. BY LOCAL REG.

4-30-62

26. REGISTRAR'S SIGNATURE

Ruth Long

Langsford Funeral Home, Lee's Summit

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

VS MAY 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

N. B. Langsford Jr.

Licensed Embalmer No.

4962

P. O. Address

Levi Summit, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.